



Department of Veterans Affairs

REQUEST FOR REPRODUCTION SERVICES

NOTE: Always complete those blocks with asterisks (*).

*ITEM NO. AND/OR TITLE OR DESCRIPTION				REVISED DATE	ACC. NO.										
					*COST CENTER	*FUND CTR. PT.	*SUBACCOUNT	*STATION NO.	*REQUEST NO.	FY					
					NO. OF PAGES	TOTAL QUANTITY NEEDED	UNIT	FINISHED SIZE							
JOB TO BE COMPLETED				REQUIRED IN USING OFFICE(S)											
*DATE	PREMIUM AND/OR OVERTIME AUTHORIZED <input type="checkbox"/> YES		DATE	PREMIUM TRANSPORTATION AUTHORIZED <input type="checkbox"/> YES		TEXT		COLOR AND KIND OF PAPER		SUB.(LB) INK COLOR					
*DELIVERY AND/OR DISTRIBUTION INSTRUCTIONS AND REMARKS						COVER		COLOR AND KIND OF PAPER		SUB.(LB) INK COLOR					
						DIVIDER		COLOR AND KIND OF PAPER		POS. NO.	SUB.(LB)	INK COLOR			
						PRINT <input type="checkbox"/> FACE ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER (Specify in remarks)									PAPER BAND <input type="checkbox"/> YES
						BIND		STITCH POSITION <input type="checkbox"/> TOP OR SIDE <input type="checkbox"/> SADDLE		NO. OF STAPLES	PERFECT BIND <input type="checkbox"/> YES		ISSUE SUBJECT TO PAGE <input type="checkbox"/> YES		
						DRILL		SHAPE	NO. HOLES	DIAMETER	INCHES C TO C		POSITION		
						PAD		SHEETS PER SET		SETS PER PAD		SHEETS PER PAD		POSITION	
						SEND PROOFS TO				MAIL ROUTING SYM.	PHONE NO.	PALLETS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDARD PACKAGE QUANTITY	
						RETURN MANUSCRIPT TO				MAIL ROUTING SYM.	PHONE NO.	CERTIFICATION: It is certified that this work is authorized by law and necessary to the conduct of the business of VA and the illustrations ordered are necessary and related to the public business.			
*REFER QUESTIONS TO				*MAIL ROUTING SYM.	PHONE NO.	*SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL				*DATE					

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ROUTING	DUE OUT	IN	OUT	COMPOSITION WORK COMPLETED <input type="checkbox"/> IN HOUSE <input type="checkbox"/> COMMERCIAL		DATE
ART & DESIGN				PROOF REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		OLD NEGATIVE TO BE DESTROYED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROCUREMENT				FOLD		PRINT FROM ATTACHED COPY <input type="checkbox"/> YES <input type="checkbox"/> NO
FEDERAL 2012				RECEIVING REPORT		
COMMERCIAL 2014				DEPOT STOCK	INITIAL DISTRIBUTION	OTHER
PROCUREMENT NO.				CERTIFY THAT QUANTITIES INDICATED HAVE BEEN <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL		
PURCHASE ORDER NO.				SIGNATURE AND TITLE		DATE RECEIVED

REMARKS	COPY CTR	6131	TOTAL MFG. 4139	CONTROL NO.
	\$		\$	
	A/D & I	6142	SCHEDULE	
	\$		\$	
	COMP.	6143	TOTAL	
	\$		\$	
	FED. 2012		P. TRANS. 3119	
	\$		\$	
	COMM. 2014		TOTAL W/TRANS.	
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